

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>Jd</i>	<i>557</i>	<i>10 3-30-01 4/13/01</i>

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

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Claim	Date
1	10/26/00
2	10/26/00
3	✓
4	✓
5	✓
6	✓
7	✓
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9	✓
10	✓
11	✓
12	✓
13	✓
14	N N
15	N N
16	N N
17	N N
18	✓
19	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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**best Available Copy**

L.L.  
04/13/01